

0218 + 5722

Officeholder and Candidate Campaign Statement - Short Form

18

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2022 SEP 21 PM 12:45 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 020437

1. Statement Covers Calendar Year 20 22. /

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Gabriel Jimenez

STREET ADDRESS

CITY Santa Fe Springs STATE Ca ZIP CODE 90670

AREA CODE/DAYTIME PHONE NUMBER 562-335-5836 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Little lake City School District.

JURISDICTION (LOCATION) Governing Board Member DISTRICT NUMBER (IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9-21-2022 By _____